Summary of Public Comment from Nov. 15, 2013, Meeting

Suggestion	# of Times Mentioned	Supported By
Create 16-Bed Mental Health Treatment Facilities	8	Nathan Munn, Institute Reboot Gary Mihelish, NAMI-MT/Family Member Dan Aune, Mental Health American-MT Matt Kuntz, NAMI-MT Beth Brenneman, Disability Rights-MT Leo Gallagher, Lewis & Clark County Attorney Mike Thatcher, CCCS Patti Jacques, Family Member
Create Forensic Facility or Convert Montana State Hospital or Montana Developmental Center into a Forensic Facility	6	Nathan Munn, Institute Reboot Gary Mihelish, NAMI-MT/Family Member Dan Aune, Mental Health American-MT Matt Kuntz, NAMI-MT Beth Brenneman, Disability Rights-MT Patti Jacques, Family Member
Improve Funding for Community Mental Health Services/Enhance Overall System of Community Services (Recommendations encompassed crisis diversion, transition to community, and other community services.)	6	Gary Mihelish, NAMI-MT Dan Aune, Mental Health America-MT Pat Keim, Alternatives Inc. Janice Reichelt, Family Member Leo Gallagher, Lewis & Clark County Attorney Mike Foster, Billings Community Crisis Center
Revise 46-14-312, MCA (Law related to sentencing and transfer of Guilty But Mentally III offenders)	4	Patti Jacques, Family Member Janice Reichelt, Family Member Niki Zupanic, ACLU Beth Brenneman, Disability Rights MT
Promote Use of Community Services over Institutional Services	3	Gary Mihelish, NAMI-MT Dan Aune, Mental Health America-MT Joel Peden, Montana Independent Living Centers
Create Regional DD Crisis Beds	2	Mike Mahoney, Family Outreach Rose Hughes, MT Assoc of Community Disability Services
Retain Montana Developmental Center	2	Mike Mahoney, Family Outreach Terry Minow, MEA-MFT/AFSCME CHILDREN & FAMILIES INTERIM COMMITTEE

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Ideas Suggested by Single Proponent		
Suggestion	Supported By	
Provide Training/Licensure for Mental Health Direct Care Workers	Nathan Munn, Institute Reboot	
Create Incentives for Increasing Number of Psychiatrists	Nathan Munn, Institute Reboot	
Allow Direct Billing of Medicaid by Licensed Addiction Counselors	Rachel Lopez, Social Worker	
Create Online Medicaid Billing System	Rachel Lopez, Social Worker	
Reduce Paperwork Requirements for Medicaid Providers	Rachel Lopez, Social Worker	
Allow Case Management by Entity Independent of MH Centers	Nathan Munn, Institute Reboot	
Seek Medicaid Waiver for Incarcerated Juveniles	Gary Evans	
Allow Dual and Reciprocal Licensing for MH and Addiction Counselors	Family Matters Advisory Council	
Require Use of Standardized Assessment Tools by Treatment Facilities	Family Matters Advisory Council	
Create Family Residential Treatment for Chemical Dependency	Family Matters Advisory Council	
Establish/Enhance Assisted Outpatient Treatment	John Wilkinson, Family Member	
Look into Sentencing/Parole Requirements for GBMI	Janice Reichelt, Family Member	
Look into Use of Money Follows the Person Program	Janice Reichelt, Family Member	
Review Time Required to Transition Between Levels of Care	Janice Reichelt, Family Member	
Provide Life Skills Classes	Deb Mooer, Teacher	

Summary of Facility Ideas from September 2013 Site Visits			
Montana State Prison Suggestions	Montana State Hospital Suggestions		
 Consolidate mental health services in one building Provide additional rooms for mental health therapy/programming Fund electronic medical records, special drug testing Create loan repayment program for licensed therapists Provide 90 days of medication upon release from prison Provide additional community living/treatment options for released offenders and a payment source for offenders who aren't eligible for Medicaid Provide gap funding for services before disability payments start Provide additional mental health probation officers in the community 	 Financially integrate mental health system in communities with Montana State Hospital Examine less restrictive structure/settings for Not Guilty But Mentally III (NGBMI) patients Explore ways to allow involuntary medication in the community Explore ways to ensure medication compliance for individuals who are repeatedly admitted to MSH because they discontinue their medication regimens 		